

**Methane Gas Conversion**  
**Property Tax Exemption Application**

To be filed with the county or city assessor on or before *February 1* of each assessment year.  
**Claims for the 2008 and 2009 assessment year may be filed by June 30, 2009.**

Legal Description: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Taxing District and County: \_\_\_\_\_

Titleholder or Contact Buyer: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Describe the property that is classified as methane gas conversion property. The exemption applies to land and improvements. Attach a map of the project site showing all structures and land utilized in the operation of the facility. \_\_\_\_\_  
\_\_\_\_\_

Is the property used in an operation connected with or in conjunction with a publicly-owned sanitary landfill?

☐ Yes If yes, the exemption applies as long as the property is utilized as methane gas conversion property.

☐ No If no, the exemption applies to property originally placed in service on or after January 1, 2008, and on or before December 31, 2012. The exemption is limited to 10 years.

(1) Total assessed value of land and improvement of eligible methane gas conversion property ..... (1) \_\_\_\_\_

Does the property used to convert the gas to energy consume fuel other than methane? ☐ Yes ☐ No If no, enter zero on line 4.

(2) If yes, list ratio of fuel other than (methane gas consumed) ÷ (total fuel consumed) ..... (2) \_\_\_\_\_ %

(3) Assessed value of property used to convert methane gas to energy ..... (3) \_\_\_\_\_

(4) Total. Multiply line 2 by line 3. .... (4) \_\_\_\_\_

(5) Total value subject to exemption.  
Subtract line 4 from line 1. .... (5) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**TO BE COMPLETED BY ASSESSING AUTHORITY**

I hereby certify that the above property is eligible to receive the tax exemption as provided by Iowa Code section 427.1(29).

\_\_\_\_\_  
Date Application Received

\_\_\_\_\_  
Assessing Authority